METLIFE INSURANCE

IAFF AND SEIU 2027 DENTAL INSURANCE PREMIUM RATES

FOR DENTAL PLAN COVERAGE EFFECTIVE 1/1/2027-12/31/2027

CCSD covers 85% of employees and dependents' dental premiums of lower cost plan
Employee covers 15% of premiums

Life insurance: CCSD pays 100% of Employee and Dependents' Life Insurance Premiums to Lincoln Life Insurance

		85.00%		15.00%	
	Monthly Premium 2027	**Monthly EmployER Portion**	**24 pymts/yr EmployER Portion**	**Monthly EmployEE Portion**	**24 pymts/yr EmployEE Portion**
DENTAL & VISION PREMIUMS					
Employee Only	60.25	51.21	25.61	9.04	**4.52**
Yee + Spouse	120.15	102.13	51.06	18.02	**9.01**
Yee + Child (ren)	120.18	102.15	51.08	18.03	**9.01**
Yee + Family	190.81	162.19	81.09	28.62	**14.31**
DENTAL PREMIUMS	**Monthly**	EmployER	**24 pymts/yr**	EmployEE	**24 pymts/yr**
Employee Only	48.42	41.16	20.58	7.26	**3.63**
Yee + Spouse	96.44	81.97	40.99	14.47	**7.23**
Yee + Child (ren)	100.11	85.09	42.55	15.02	**7.51**
Yee + Family	157.71	134.05	67.03	23.66	**11.83**
VISION PREMIUMS	**Monthly**	EmployER	**24 pymts/yr**	EmployEE	**24 pymts/yr**
Employee Only	11.83	10.06	5.03	1.77	**0.89**
Yee + Spouse	23.71	20.15	10.08	3.56	**1.78**
Yee + Child (ren)	20.07	17.06	8.53	3.01	**1.51**
Yee + Family	33.10	28.14	14.07	4.97	**2.48**
LIFE INSURANCE PREMIUMS	**Monthly Premium 2027**	**Monthly EmployER Portion**	**24 pymts/yr EmployER Portion**	**Monthly EmployEE Portion**	**24 pymts/yr EmployEE Portion**
Employee Only	7.78	7.78	3.89	0.00	0.00
Yee + Spouse	8.72	8.72	4.36	0.00	0.00
Yee + Child (ren)	8.72	8.72	4.36	0.00	0.00
Yee + Family	8.72	8.72	4.36	0.00	0.00